



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



DEPARTMENT OF CORRECTIONS

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Part	Section	Title	Policy No.	Review Date:
Institutional Operations	Security And Control	Incident Report	3.1.33	
ACA Standard	3-ALDF-1A-14 Maintains and Makes Available SOP to Employees			
Consent Decree	Paragraph 54 Develop Facility Policies and Procedures			

I. PURPOSE

To describe procedures to initiate and complete incident reports at the Department of Corrections (DOC).

II. POLICY

It is the policy of the DOC to document all incidents taking place at the DOC facilities in a consistent manner, using a prescribed form, and file such documents for later review and action if such action is warranted

III. PROCEDURAL GUIDELINES

A. Introduction

The Incident Report is the primary reporting device for all incidents taking place within the DOC. All other reports are supplemental to the incident report. Even when an incident is referred to the Criminal Investigation Bureau, an incident report will be completed for internal purposes.

The Incident Report Form was devised to enhance the corrections staff's abilities to report various incidents occurring at the Department of Corrections facilities. The report form is designed to simplify the reporting officer's task, and to ensure that all relevant information is included in the report.

B. Logging of Incident Reports

The DOC Central Control shall maintain a logbook in which the following information will be entered:

1. Date of Report
2. Incident Number in the format prescribed below
3. Type of Incident
4. Name of Complainant
5. Name of Reporting Officer

C. Filing of the Incident Report

1. Original in Incident Report file
2. Copy to Operations Captain
3. Copy to Reporting Officer
4. Copy in Inmate File (if applicable)
5. Copy to Director of Corrections and Commissioner of Corrections
6. Copy to Classification Section if inmate/detainee is involved in the incident.

It Is Beneficial To Remember The Following Points Before Generating Any Report:

- Complete a thorough investigation (identify and interview all persons involved and familiarize yourself with the scene of the incident. Answer the what, where, when, who, why and how.)
- Review all facts and ensure that the elements of a crime or inmate prohibited act are present before classifying the incident as a crime or a violation.
- Arrange information in a chronological order, make it simple to understand.
- All reports will be type-written.

D. Guidelines for completing the Incident Report

1. Incident

Miscellaneous Incident, Disciplinary Incident, Criminal Incident

On incidents falling under different categories, indicate the proper category by checking the box preceding the incident category. Examples of miscellaneous incidents are:

- Open door
- Plumbing problems
- Accidents
- Suspicious activity

Examples of disciplinary incidents would be any of the following:

- Fighting

- Cursing an officer
- Introduction or possession of contraband
- Failure to follow instructions
- Misconduct by staff

Criminal incidents are any incidents where criminal charges can be filed, such as:

- Possession of a controlled substance
- Assault
- Theft
- Escape or attempt to escape

2. Page Of Pages, Original Report, Additional Report, Incident Report Number

- a. Page ___ of ___ Pages. Enter this first page as 1. If no other pages, this entry should read "Page 1 of 1 Pages". If supplemental pages, enter how many total pages in the second space. E.g. "Page 1 of 3 Pages".
- b. If this is the original report, check the appropriate box. If this report has been generated as a second officer's report on an incident, check the "Additional Report" box.
- c. *Incident Report Number.* This number which is assigned to each incident is drawn from the incident logbook, which is kept at the DOC Central Control Desk. The IRN (Incident Report Number) is comprised of the following:

99 1 0001
(YEAR) (INCIDENT TYPE) (4 DIGIT NO.)

The above numbers include the last two digits of the year, the number describing the incident type (top of Incident Report), and the logbook or computer generated four-digit incident number.

- d. If the report is an "Additional Report", the same incident report number as in the "Original Report" shall be used. Any supplemental reports shall also bear the same number.

3. Type Of Incident

Describe the nature of the incident such as *Open door, Assault* etc.

4. Date, 24 Hr Time, Weekday

- a. "Date" Enter the date of the incident, not the date of the report.
- b. "24 Hr time" Use military time such as 2315 as opposed to 11:15 PM.

c. *"Weekday"* Enter the weekday the incident took place, e.g. Friday.

5. Location of Incident, Section, Cell No.

- a. *"Location of Incident"* is the physical location where the incident took place. E.g. "DOC parking lot", "DOC Library", "Dayroom", "Vocational Training Shop", DOC Facility, "Courthouse".
- b. Enter the section in DOC if applicable, such as "Section "A" or "F". If incident did not take place in a section, enter N/A.
- c. If the incident took place in a cell, enter cell number. If not, enter N/A.

6. Weapon/Tool Used

If a weapon or tool was used in the incident, enter a description. If not, enter N/A.

Victim

7. Name, Officer, Inmate, Other, DOB, Nationality, Sex, I.D. Or Ss Number

- a. *"Name"* Enter victim's name in the order *"Last, First, M/I"*. If no victim, enter N/A and disregard the rest of this section.
- b. Check *"Officer, Inmate or Other"*.
- c. Enter *"Date of Birth"* in format Month/Day/Year.
- d. Enter *"Nationality"*, abbreviate as follows:
 - Cham.
 - Carol.
 - Fil.
 - Palau
 - Chin.
 - Chuuk
 - Pohn.
 - Yap
 - Jap.
 - Bangl.
- e. *"Sex"* Enter "M" for male or "F" for female

f. "I.D. or SS #" If the victim is an inmate, use the Inmate ID No. If a Social Security Number is available, use that for "Officer" or "Other". If no SS or ID No. is available, enter LIIDS (Labor & Immigration Identification Data System) number or passport number if applicable.

8. Residence Address, City, Country, Zip Code, Tel No., Business Address, City, Country, Zip Code, Tel No.

- a. "*Residence Address*": Enter mailing address (P.O. Box) and village if applicable.
- b. "*City*": In CNMI, enter island e.g. Saipan. , In other locations use the city.
- c. "*Country*": Enter the name of the country.
- d. "*Zip Code*": Enter zip code if available.
- e. "*Tel. No.*": Enter the victim's home telephone number. If not available, try to obtain the number of a close relative or neighbor.
- f. "*Business Address*": Enter address of the victim's employer. If not available, enter N/A and ignore the remainder of the section. Otherwise enter the data following the same format as above.

9. Nature of Injury/Other Victims, Hospital/Physician

- a. "*Nature of Injury/Other Victims*": If the victim has received any injuries, enter brief description. Also advise if any other victims are injured.
- b. "*Hospital/Physician*": Enter the name of the hospital where the victim(s) was taken for treatment and the name of the attending physician.

Complainant

10. Name, Victim, Officer, Witness, DOB, Nationality, Sex, I.D. Or Ss #, Address, City, Country, Zip Code, Tel. No.

Enter the name of the person filing the complaint regarding the incident. Use the same format as when completing section 8.

Offender

11. Can A Suspect/Offender Be Named

If there is a known suspect, check the box. If not, leave unchecked and disregard the remainder of this section.

11. Additional Parties Involved Name, Inmate, Detainee, Other, DOB, Nationality, Sex, I.D. Or Ss #, Address, City, Country, Zip Code, Tel. No.
Complete using the same format as in Section 10.

12. Additional Parties Involved Name, Inmate, Detainee, Other, DOB, Nationality, Sex, I.D. Or Ss #, Address, City, Country, Zip Code, Tel. No.

Use the same format as in Section 11. If no additional parties are involved in the incident, enter N/A.

Narrative

13. Narrative.

Describe the incident in detail. Start the narrative with: "On (Date) at (Time), I observed, (or received a complaint), then continue with the description of the event in a chronological order. Avoid long sentences and complicated words. Be brief but detailed. If the space on the form is insufficient, use word "Continued" as the last word, and continue the narrative on a supplemental report form.

ADMIN

14. Reporting Officer/Badge No.

Enter your last name and first name, your badge number in block letters.

15. Date Of Report, Time Of Report

Enter the date and time the report was written.

16. Signature Of Reporting Officer

Sign the report by affirming it is true and correct. This does not mean that the complaint necessarily is true and correct, only that the report relays the information of the reporting officer correctly.

17. Read And Approved By:/Initials

The supervisor of the reporting officer, after reading the report and correcting any obvious spelling and other factual errors, shall write his/her name in this space and initial it below.

D. The Supplemental Incident Report

The Supplemental Incident Report is intended to be used as an additional page or as a follow-up to the Original Report or the Additional Report when more space is needed for the narrative, or when additional information surfaces at later time or date. The supplemental report carries the same information in sections 1, 2, 13, 14, 15, 16, 17 as the Original or Additional Report.

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10-25-07
Date

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Director of Corrections

10/24/07
Date

Approved By: Lino S. Tenorio
Lino S. Tenorio
Commissioner of Corrections

10/25/07
Date

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INCIDENT REPORT

Incident Report No.	Date of Incident	Time of Incident	Weekday

Type of Incident	Location of Incident

Name of Complainant/Victim	Nature of Injury

Type of Treatment Received

Name of Suspect

Narrative

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Reporting Officer	Date of Report	Time of Report	Supervisor's Name

